

TRANSMITTAL CONTROL AND CERTIFICATION

Attachment C

A copy of this form on the submitter's letterhead must accompany each diskette, tape or cartridge submitted to EDS for processing. Please either re-type this form onto your letterhead or copy this form to your letterhead (be sure not to include this paragraph). If you mail and wish to receive a copy of this form as proof of receipt, please include a self-addressed envelope (postage not required)

>>>>> Your (Business) Name and Address Here <<<<<<

TRANSMITTAL CONTROL AND CERTIFICATION

This is to certify that the information contained on the enclosed diskette/tape/cartridge is true, accurate, and complete. I understand that payment and satisfaction of these claims will be made from Federal and State funds, and that any false claim, in fact, may be prosecuted under applicable Federal and State laws. I hereby agree to keep such records as are necessary to disclose fully the extent of services provided, and to furnish such information regarding any payments claimed as the State agency may request for a period of two years from the date the claim was received. I further certify that the service were provided in accordance with Title VI of the Civil Rights Act of 1964.

Authorized Signature

Date

Title of Person Signing

Diskette/Tape/Cartridge Totals

Total # of Claims	Total Dollar Amount of all Claims

Please list below for each provider contained on this diskette/tape/cartridge the number of claims being submitted. If you prefer, attach a separate sheet with this information.

Provider Number	Number of Claims	Provider Number	Number of Claims

Received By: _____

Date: _____